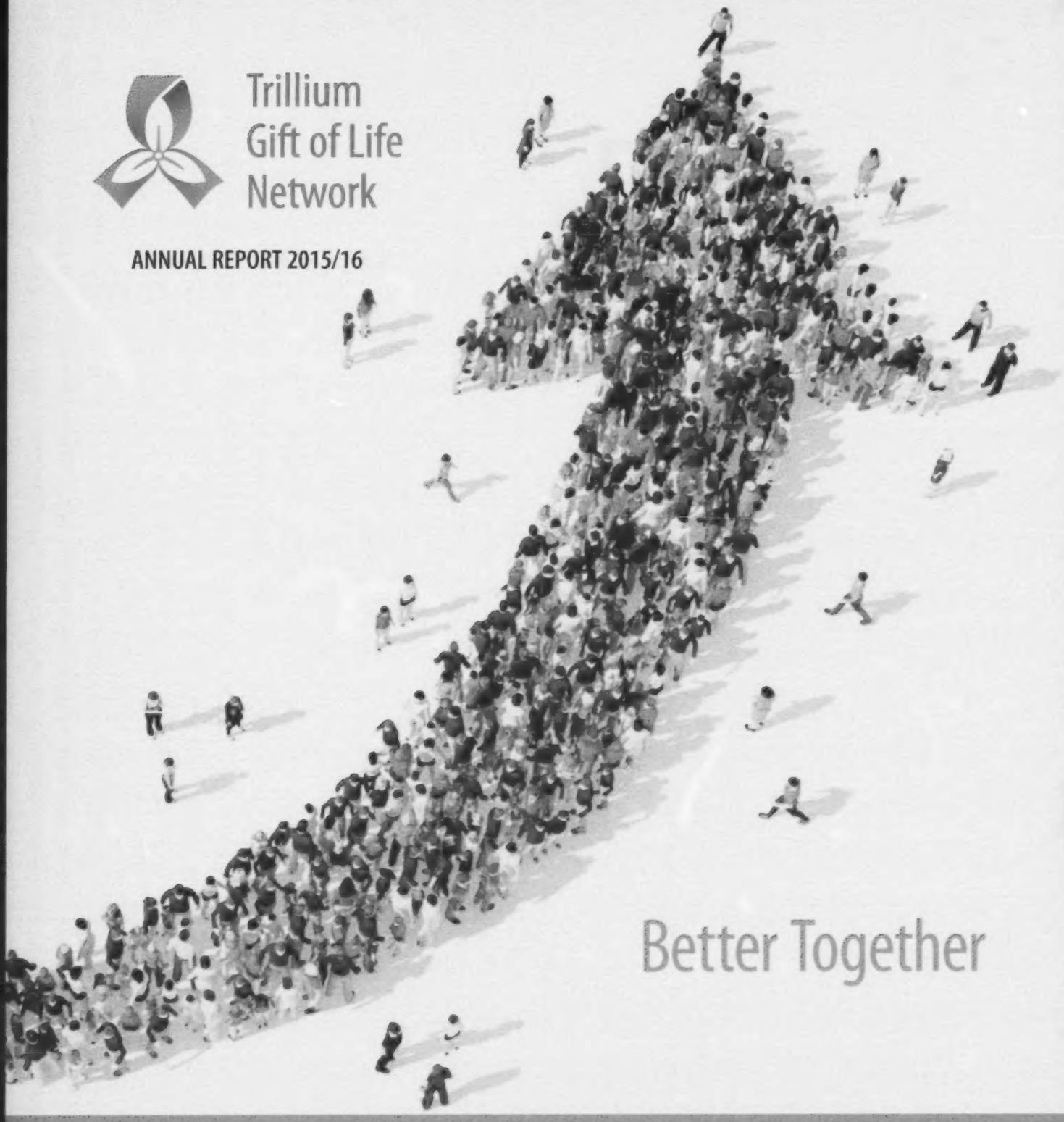
Trillium Gift of Life Network

ANNUAL REPORT 2015/16



Better Together

Ontario
Trillium Gift of Life Network

Mission Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.

Vision To be a world-class leader that enhances and saves lives through organ and tissue donation for transplantation.

Values We are an effective, innovative leader in organ and tissue donation and transplantation, working in an environment of honesty, trust, respect, compassion and cooperation.

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Message from the Chair of the Board and the President and CEO

The business books and MBAs tell us "What gets measured gets done" and "If you can't measure it, you can't improve it."

An annual report, by definition, is full of measurement – data, graphs, financials, and percentages. Our annual report is no exception. Herein we offer the numbers that tell the tale of organ and tissue donation and transplantation in Ontario in 2015/16. Our numbers show a positive trend, even a record trend. Amongst all the numbers, however, there are two primary figures that stand alone – 296 and 2,268.

There were 296 organ donors in Ontario in 2015/16, and there were 2,268 tissue donors. All else springs from there.

Without those donors, there would be no transplantation, no recovering patients. Our report devotes many pages to the ways and means in which we – with the help of our many partners and supporters – endeavored in 2015/16 to increase those numbers, to improve upon the numbers from 2014/15, and from 2013/14, and so on. Because there is another key number, and it grows and persists. It drives our relentless pursuit of improvement. It's the number of Ontarians who are in need of a transplant.

We have learned that the need for transplantation is a formidable opponent. Though we constantly improve in our efforts to meet it, there it remains. It even has the temerity to grow.

We must use numbers to tell the tale, to quantify the size of the problems, our successes and our struggles. Measurement is critical to determine if we're moving in the right direction, or not. But we do not forget what those numbers represent. We remember that 296 families, in their darkest hour, made a decision that brought hope and a chance at life for people they have never met. We remember that 2,268

The medal presented to organ and tissue donor families at donor recognition ceremonies.

Celebrating Sandra Holdsworth, winner of the 2015 Trillium Gift of Life Network Champion Award.

(from left to right: 2012 champion Hélène Campbell, Deputy Minister of Health and Long Term Care, Bob Bell, Ronnie Gavsie, Rabbi Reuven Bulka, 2013 Champion Merv Sheppard, Sandra Holdsworth, 2014 Champions Emile and Beth Therien).

families agreed, in grief, to enhance the lives of people they do not know. We always remember those Ontarians in need of transplant, and we recognize that our work is their hope.

What the numbers cannot possibly capture, and what this report can only summarize, is the dizzying matrix of interactions and relationships that make our results possible, and the implausible number of them. This skillful cooperation is moving us along the path to our goal – to have organ and tissue donation and transplantation a shared responsibility in Ontario.

We thank the Ministry of Health and Long-Term Care for putting trust in us to carry out our mission, and for giving TGLN the latitude to become an incubator for innovation in donation and transplantation.

We thank the Board for its guidance and support as we work and plan.

We thank the enormous team of clinicians and professionals who work diligently and intelligently to make this incredible process happen in the best way it can, from referral to transplantation.

We thank the staff of TGLN, a team which moves mountains on a regular basis. They bring their exceptional skills and pride to work with them every day.

Above all, we thank those 296 and those 2,268, and their families who said yes.

Ronnie Gavsie
President and CEO

Rabbi Dr. Reuven P. Bulka
Chair, Board of Directors

TGLN's 2015/16 Business Plan at a Glance

Mission:

Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.

Vision:

To be a world-class leader that enhances and saves lives through organ and tissue donation for transplantation.

2012 – 2015 Strategic Direction:

Develop a sustainable end-to-end transplant system	Increase donation performance of GTA hospitals	Increase registered donors in the inner GTA

2015/16 Goals:

Support transplantation through effective oversight and collaboration with stakeholders.	Maximize organ and tissue donation for transplantation in partnership with stakeholders.	Build a strong organ and tissue donation culture in Ontario.	Deliver high-quality and efficient services through innovative practices in process improvement, information management/ information technology and talent management.

2015/16 Objectives:

• Develop clinical best practices along the transplant patient continuum that enables high quality care and achieve 100 percent reporting on patient outcomes by each organ group.	• Achieve a 54–56 percent conversion rate for all hospitals with Level III intensive care units, 261–270 organ donors and 3.63 organ yield/donor. • Achieve a 40 percent consent rate, 2,150–2,450 ocular donors and 315–330 multi-tissue donations.	• Enhance shared responsibility for donation and inspire over 233,000 Ontarians to register their consent to donate.	• Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards. • Enhance IM/IT to drive innovation, improvement and efficiency at TGLN an in the broader donation and transplantation system. • Attract, engage develop and retain talented staff.

Objective 1

Develop clinical best practices along the transplant patient continuum that enables high quality care and achieves 100 percent reporting on patient outcomes by each organ group.

In support of the government's strategy to strengthen patient-centered care, Trillium Gift of Life Network (TGLN) is working with organ specific working groups to develop a clinical handbook for transplantation, designed to integrate care along the continuum and optimize quality of care for transplant patients. Each clinical handbook includes a clinical pathway and service bundles for pre-transplant, transplant and post-transplant care. The TGLN Kidney Working Group has completed the development of the clinical handbook and is working through broader consultation with Ontario's nephrology community, in partnership with the Ontario Renal Network (ORN). In concert with the ORN, TGLN is also developing an education program for patients and families, to support their knowledge and decision making in selecting a transplant option. Work to complete the clinical handbooks for the remaining organ groups is underway.

TGLN is working with the Ontario Ministry of Health and Long Term Care (MOHLTC) on a multi-year initiative to upgrade TGLN's provincial information system, to support reporting of patient outcomes along the patient continuum. As this work is essential to achieving the goal of reporting patient outcomes, this component of the objective was not completed in 2015/16. TGLN continues to review available information to inform policy and program development in transplantation, through each of the organ specific working groups.

Dave Allingham, heart recipient, shares his story.

Further reduction in wait time for corneal transplantation

Ontario saw a significant reduction in wait times for cornea transplant surgery, with 90 percent of patients waiting less than 182 days, the clinical target set by Ontario's MOHLTC. In partnership with the Corneal Transplant Working Group (CTWG) and other system partners, TGLN implemented policy and system enhancements aimed at improving system efficiencies in corneal tissue processing and utilization, standardizing corneal transplant practice guidelines and enhancing IM/IT infrastructure for eye banking services. These initiatives have improved the access, quality, and performance of corneal transplant services across Ontario.

Dr. Steven McCabe, lead surgeon on Canada's first successful hand transplant.

Public posting of referral and listing criteria

In collaboration with the organ specific working groups, TGLN has developed standardized referral and listing criteria for organ and tissue transplantation. This criteria ensures healthcare providers province-wide are applying the same practices to ensure equitable access to organ and tissue transplant services in Ontario. TGLN has made these referral and listing documents available publicly on its website (www.giftoflife.on.ca) in both English and French, ensuring that information about Ontario transplant services is also transparent and accessible to patients.

TGLN facilitated the first successful hand transplant in Canada

In 2016, the first successful hand transplant was completed at Toronto Western Hospital, part of the University Health Network. This accomplishment was the result of years of planning by Trillium Gift of Life Network in partnership with the Vascular Composite Allotransplantation (VCA) Working Group. The VCA Working Group had clinical and administrative representation from the following hospitals, University Health Network, the Hospital for Sick Children, London Health Science Center and St. Joseph's Hospital in London. Together, TGLN and the Working Group developed policies and procedures to guide the delivery of hand transplantation in Ontario. This included developing donor exclusion criteria, patient referral and listing criteria, and an allocation algorithm, all designed to support fair and equitable transplant related practices. TGLN's Organ and Tissue Donation Coordinators (OTDCs) were provided with education to help them determine the potential for VCA donation. Educational materials were also prepared for the donor families. TGLN is proud to have brought the skills, equipment, resources and team of experts together so that the first hand transplant in Canada could be performed.

Improving access to kidney transplants for hard-to-match patients in Ontario and other parts of Canada

In May 2014, Ontario joined the national Highly Sensitized Patient (HSP) program for hard-to-match kidney patients, coordinated by Canadian Blood Services (CBS). Highly sensitized patients have high levels of sensitizing antibodies because of past exposures to foreign tissue, which can happen in pregnancy, previous transplants and/or blood transfusions. These patients

Kidney pumps stored in the Provincial Resource Centre (PRC), TGLN's 24/7 donor referral centre.

typically wait much longer, on average, for a kidney transplant due to less availability of suitable matched kidneys. Highly Sensitized Patients represent approximately 25 percent of the kidney transplant waitlist in Ontario.

By April 2016, 101 Ontario HSP patients had been transplanted, 68 from donors originating within the province and 33 from donor kidneys imported from other provinces. Ontario has exported 41 kidneys to HSP patients in other provinces/territories. TGLN works closely with CBS to support the program through policy development, Provincial Resource Centre (PRC) processes and IT system development, all to enable the listing and matching of HSP patients in Ontario.

Heart recipient Jim Maveety and his wife Marah

Jim and I have known the highs and lows of the organ transplant wait list. The highs included realizing that our community has our back and will go to great lengths to show their love for us. These blessings were what kept us going through the torturous lows. The lows included life-threatening surgeries, financial burdens and depression that set in over the two plus years of waiting.

In April 2015 we received the miraculous call that Jim's new heart was ready and waiting for him. A high, certainly, but followed immediately by a devastating and humbling low: someone's family was grieving and still brave and generous enough to offer Jim a chance at life.

As Jim continues to recover from his heart transplant, we have a renewed hope for the future and a desire to pay it forward for the community that sustained us as we waited, and for the hero who gave us the ultimate gift of life. #beadonor #jimshearts

Suhaliya shares her reason for registering as an organ and tissue donor.

Objective 2

Achieve a 54-56 percent provincial Conversion Rate for all hospitals with Level 3 Intensive Care Units, 261-270 organ donors, and a 3.63 organ yield per donor.

Trillium Gift of Life Network exceeded its target with 296 deceased organ donors in 2015/16, setting a new record for deceased donations in Ontario.

The conversion rate, or the rate at which potential donors go on to save lives as actual organ donors, is one way to measure how well TGLN and Ontario hospitals work together to manage the complex process of donation. With a conversion rate of 56 percent, TGLN and the 56 designated hospitals that currently report this metric met the 2015/16 target.

Organ yield, the number of organs recovered and transplanted per donor, was 3.19 in 2015/16, slightly below the annual target.

Key factors influencing Ontario's deceased organ donation results:

- **A 42 percent increase in the number of donation after cardio-circulatory death (DCD) donors.** Yield is significantly impacted by the increase in DCD donors, as the number of transplantable organs from DCD donors is less than that of a donor declared dead by neurological criteria (NDD). In these cases, the heart cannot be transplanted and the length of the dying process[1] may exclude additional organs from being recovered.
- **Decrease in standard criteria donors.** Compared to 2014/15, the percentage of standard criteria donors dropped by eight percent to 40 percent of all organ donors, further limiting organ yield. Standard criteria donors are younger donors, declared dead by neurologic criteria, with limited past medical conditions. The percentage of expanded criteria donors, those with chronic diseases or conditions that limit the suitability of organs for transplantation, remained consistent with last year, but the organ yield from these donors decreased, from 3.22 to 2.70. Expanded criteria donors had a significant impact on the use of kidneys, livers and pancreas'.
- **Older donors.** Kidney transplant programs have increased the upper age limit for recovery from DCD donors, but these older donors limit the opportunity for multi-organ donation and contributed to lower utilization of the liver and pancreas in 2015/16.

Supporting families

TGLN continues to offer more Ontario families the opportunity to save lives through donation. In 2015/16, Trillium Gift of Life Network Coordinators supported 1,026 families to help them make a lifesaving choice, up 16 percent from the 884 approached to give consent last year.

- With a consistent consent rate of 54 percent, in 2015/16 TGLN increased the *number* of consents obtained by 14 percent (an additional 66 donors over 14/15).
- According to the work that TGLN has done with Caliper Canada, a human resources consulting firm, the specific attributes and skill set required for obtaining consent are fairly rare; only one in five applicants is an approximate match. As TGLN

Karen Johnson, Director, Hospital Programs Trillium Gift of Life Network, presents a Donation Champion Award to Debra Carew, Director of Operations, Trauma, Emergency and Critical Care Program at Sunnybrook Health Sciences Centre.

1 **Length of the Dying Process:** For donation opportunities to be realized, death needs to occur within a specified amount of time, depending on the type of organ to be recovered for transplant. If death does not occur within this time frame, the recovery and donation cannot move forward.

continues to focus on consent performance in order to improve donation rates, Organ and Tissue Donation Coordinators have been recruited and hired for these specific skills. The same is true for the new family coordinator role launched in 2015/16. This new position, dedicated to approaching families for consent, was learned from leading practices in the United Kingdom.

Engaging physicians in donation

Organ Donation in Ontario: A Guide for Critical Care Residents, 1st Edition

In 2015/16 TGLN partnered with the Royal College of Physicians and Surgeons of Canada to initiate the development of a competency based medical education program for Ontario residents in critical care medicine.

A comprehensive needs assessment was conducted to identify areas of knowledge inconsistency. The study utilized a mixed method approach, including: a literature and document review; database analysis; a survey completed by Hospital Donation Physicians (HDPs); interviews with TGLN staff and Regional Medical Leads (RMLs), critical care medicine program directors, health care professionals from Ontario's academic hospitals (including critical care residents, nurses, physicians); and substitute decision makers who were approached about donation.

Dr. Jason Frank of the Royal College of Physicians and Surgeons, the leading expert in competency-based medical education, worked with the provincial program directors and other national experts, including TGLN's Chief Medical Officer, Donation and Regional Medical Leads, to develop an

Dr. Andrew Healey (TGLN Chief Medical Officer, Donation) and Dr. Eli Malus (TGLN Regional Medical Lead)

The family of Jasbinder Sing Grewal at the Toronto Donor Recognition Ceremony, held in February 2016

Our family arrived in Canada early in the spring of 2005. My husband Jasbinder was determined to get to work right away and he did it, landing a job as a mechanical engineer within months and working hard to set our family up successfully in our new home. Jasbinder was a loving husband and a doting father to our two children, Parteek and daughter, Hushnaak.

In May of 2016 Jasbinder passed away suddenly. It was a shock, as he was only 50 years old and he had always taken such good care of himself. Accepting that my gentle and loving husband was gone was so hard. When the coordinator from Trillium Gift of Life Network approached us to ask about organ donation though, the choice was not a difficult one. We all knew what Jas would have wanted.

Jasbinder was a very generous person, he often said "I am not a rich guy, but I give what I can." He truly lived the Sikh value of selflessness, donating blood twice a year. He was, and is, so loved. The day of his funeral we ran out of seats for all of the people who wanted to pay their respects. We are so proud that he was so giving in death, as he was in life.

LEVEL 1
Patient and Family Identification
TASKS
•Identification and Referral of Patients and Families for Potential Discussions of Organ and Tissue Donation
LEVEL 2
Uncomplicated Determination
TASKS
•Determination of Death in the Context of Organ and Tissue Donation for Uncomplicated Cases
LEVEL 3
Complex Determination and End of Life Care
TASKS
•Determination of Death in Complex Cases
•End of Life Care of the Critically Ill Patient and Their Family
LEVEL 4
Donor Management
TASKS
•Management of the Organ and Tissue Donor
•Supervision of Organ and Tissue Donation Process
•Quality Improvement of the Local Organ and Tissue Donation Process
LEVEL 5
Donor System Enhancement
TASKS
•Quality improvement of the Organ and Tissue Donation System
•Research Organ and Tissue Donation
•Educate on Organ and Tissue Donation

TGLN competencies for organ and tissue donation in critical care.

organ and tissue donation competency framework (pictured above). Five levels of competency were established, each mastered through residency and into practice. The initial educational materials include the first edition of TGLN's newly published electronic book, *Organ Donation in Ontario: A Guide for Critical Care Residents*. Interactive chapters and learning scenarios lead residents through the fundamentals of determining death by neurological criteria and caring for a potential organ donor. The material was created in both English and French and may be easily adapted for distribution on a national level.

Continued enhancement to the Donation Physician Model

TGLN continued the work initiated in 2014/15, recruiting Hospital Donation Physicians (HDPs) for 25 additional hospitals with level III Intensive Care Units, adding to the original 31. Acknowledging the specialized nature of working with pediatric patients, TGLN also recruited two additional Pediatric Hospital Donation Physicians for the children's hospitals in Hamilton and London. Hospital Donation Physicians are now working in every children's hospital in Ontario.

Together with Regional Medical Leads, Hospital Donation Physicians promote a culture of organ and tissue donation in hospitals across the province. Their roles include serving as a clinical resource, educator and advocate to improve all aspects of donation. Recognizing that the success of these roles is tied, in part, to the amount of time physicians can dedicate to a hospital's donation program, TGLN secured funds from the Ontario Ministry of Health and Long Term Care to better reflect the time that needs to be committed.

Throughout 2015/16, TGLN created numerous opportunities for physicians to learn and share leading practices in donation. Most notably, the first annual *Deceased Donation Symposium* was hosted at the Canadian Critical Care Forum, in partnership with Canadian Blood Services. The full day event was well attended by Ontario physicians and others from across the country.

Physicians shared their expertise by participating in peer led monthly webinars, while hospital and region specific sessions promoted relationship building and knowledge transfer. An exclusive online adaptation of the Crucial Conversations® course also taught physicians how to achieve open dialogue during important and emotional conversations.

Exploring innovative ways to enhance donation

Non-perfused organ donation

TGLN continues to support its transplant stakeholders as they strive for innovative ways to utilize organs from deceased donors.

In 2015/16, in partnership with University Health Network's lung transplant program and William Osler Health System, TGLN launched a feasibility study to

assess the impact of transplanting lungs from non-perfused organ donors who were unable to be resuscitated after an unexpected death, such as a cardiac arrest. Given the limited three hour time frame from death to recovery, the initial screening, family approach, and deployment of recovery personnel occurs very rapidly in these cases. After recovery, the lungs are placed on the ex-vivo lung perfusion machine for a minimum of four to six hours for evaluation, prior to reassessment of transplant suitability.

OrganOx: external liver perfusion machine improves potential for liver transplant

In collaboration with the liver transplant program at University Health Network, TGLN implemented use of the OrganOx external liver perfusion machine. Similar to Ex-Vivo Lung Perfusion, the OrganOx allows for more time to assess the quality of organ function, after recovery and prior to transplantation. With the OrganOx, surgeons have the ability to re-evaluate the quality of organ function, which promotes the recovery of marginal organs that may improve. The machine also compensates for longer warm ischemic times, increasing the pool of potential DCD donors and optimizing organ yield.

Working with the transplant program and Ontario hospitals, TGLN developed policies, procedures and transportation arrangements to support the use of the OrganOx. In 2015/16, 15 livers were recovered and perfused with the OrganOx, of which 13 went on to be transplanted.

Fast Facts:

Donation Firsts

- Hand transplant (see full description on page 8)
- Utilization of the OrganOx (see full description above)
- Donation after Cardiocirculatory Death (DCD) Donors:
  - St. Thomas Elgin General Hospital
  - Collingwood General and Marine Hospital
  - Brant Community Healthcare System (Brantford)

Hospitals that met the Provincial Routine Notification Target Rate (100 percent)

- Georgian Bay General Hospital
- Pembroke Regional Hospital
- University of Ottawa Heart Institute

Hospitals that met or exceeded the Provincial Conversion Target Rate (53 – 54 percent)

- Bluewater Health (Sarnia)
- Collingwood General and Marine Hospital
- Grand River Hospital (Kitchener)
- Guelph General Hospital
- Health Sciences North (Sudbury)
- Hamilton Health Sciences Centre
- Kingston General Hospital
- Lakeridge Health Corporation (Oshawa)
- London Health Sciences Centre
- Mackenzie Health (Richmond Hill)
- Markham Stouffville Hospital
- Peterborough Regional Health Centre
- Queensway-Carleton Hospital (Ottawa)
- Quinte Healthcare Corporation (Belleville)
- Rouge Valley Health System (Scarborough)
- St. Mary's General Hospital (Kitchener)
- St. Michael's Hospital (Toronto)
- Sunnybrook Health Sciences Centre (Toronto)
- The Ottawa Hospital
- Thunder Bay Regional Health Sciences Centre
- William Osler Health System (Brampton)

Newly Designated Hospitals in 2015/16

- West Nipissing General Hospital
- St. Joseph's General Hospital, Elliot Lake

The addition of these two hospitals brings the total number of designated hospitals to 70 province wide.

Objective 3

Achieve 40 percent tissue consent rate, 2,150-2,450 tissue donors and 315-330 multi tissue donations.

It was an extraordinary year for ocular donation in Ontario. In 2015/16 TGLN recorded its highest number of tissue donors to date, with 2,268, surpassing last year's record (1,953) by 16 percent. Ocular tissue used for transplantation was recovered from 2,234 donors, an increase of 16 percent from 2014/15. Some contributing factors to this success include:

- Realignment of leading practices and education focused on consent performance led to increases in both donor numbers and the consent rate. At 51 percent, the 2015/16 consent rate was five percent higher than that recorded in 2014/15, and 11 percent higher than the target set.
- Approach practices were adjusted to help TGLN connect more often with potential donor families before they leave the hospital, an important step that was further reinforced through education with health care professionals.
- TGLN also piloted overnight approaches for tissue donation. In previous practice, families were not approached between the hours of 11 p.m. and 7 a.m., leading to a number of potential donors being deemed unsuitable for recovery, given the allowable death to recovery interval had expired during these hours. TGLN now approaches the families of registered donors overnight, which has been effective in improving connection rates and has led to positive donation outcomes.

Multi-tissue donation is the recovery of bone, skin, and heart valves. Although the 2015/16 multi-tissue target was not met, TGLN achieved the highest number of multi-tissue donations to date; up 39 percent to 279, compared to 201 multi-tissue donations in 2014/15. Part of this success can be attributed to the recruitment of a tissue donation medical unsuitability specialist to assist provincial tissue banks in reducing the number of cases declined due to medical suitability. Findings from retrospective chart reviews, coupled with data collection and analysis related to tissue acceptance rates, were shared with the tissue banks, and identified a number of opportunities for improvement. Consequently, the number of cases deemed medically unsuitable decreased by five percent compared to last year.

The 87 skin donations in 2015/16 not only represented a 129 percent increase from 38 donations last year, but also the most skin donations ever in Ontario. Additional recovery resources provided by Mount Sinai Allograft Technologies and the Lake Superior Centre for Regenerative Medicine contributed to these significant increases. Heart valve donation

Tissue Lab staff at the Hospital for Sick Children.

increased by 15 percent from 55 donations in 2014/15 to 63 donations in 2015/16. The number of bone donations increased to 129 this year, up 19 percent from 2014/15.

Evolving partnerships

TGLN partnered with the Office of the Chief Coroner of Ontario in 2015/16 to launch the Coroner's Referral and Screening Program in Toronto, simultaneously establishing the role of Community Program Coordinator. Liaising with this group and establishing an on-site presence has allowed for integration of organ and tissue donation into the education provided to new and existing coroners on an ongoing basis. Continuous monitoring and feedback have been essential for process improvement. In the next phase of this initiative, TGLN will work to expand the program across the Greater Toronto Area and beyond.

To further maximize multi-tissue recovery opportunities, TGLN worked with Ontario Forensic Pathology Services to expand the use of the dedicated tissue recovery suite beyond Coroner's cases. Access to the tissue recovery suite mitigates challenges related to operating room availability within the hospital, promoting timely recovery of multi-tissue from donors referred from hospitals within the Greater Toronto Area.

Acknowledging the important role of funeral service professionals in donation, TGLN continued to implement new ways to engage this group in order to improve relationships and minimize the impact of donation on their work. In 2015/16, TGLN collaborated with MacKinnon & Bowes Ltd. to facilitate a well-attended restorative workshop led by Robert Mayer, a leading expert in mortuary science. TGLN also provided education to aspiring funeral service professionals at Humber College. Based on the success of this session, organ and tissue donation education is expected to be provided annually, affording TGLN the opportunity to directly educate the next generation of funeral service professionals.

Ocular donation and the in-situ recovery technique

Ocular donation improves the lives of many Ontarians every year. The corneal excision technique known as in-situ allows the cornea to be placed in preservation

Kelly Summers, Cornea Recipient

The surface of my eye is permanently damaged and the cause remains unknown. The surface, unable to form correctly, scars the cornea causing a haze that has robbed me of my vision more than once. When my vision was at its worst, I was legally blind. I would listen for traffic, rather than watch for it. I rode a bicycle, took a bus or walked, rather than drive a car. I developed a good sense of humour about my clothes not always matching because navy, black, brown and grey were just too close together in the colour spectrum for my eyes to distinguish. I gave up golfing and curling, because I couldn't see the ball or the skip.

A cornea transplant gave me the gift of sight. I was overwhelmed when the patch came off the day after the procedure; suddenly I wasn't struggling to see. I had forgotten how vibrant colours could be. I could read anything and everything I wanted; the eye chart, a recipe, the newspaper. I could go to the movies and not have to sit in the front row. Most importantly, I could be the parent I wanted to be for my daughter, joining her as she plays, watching her grow.

To say "thank you" for this gift isn't enough, because it has impacted every single aspect of my life. I am reminded of my gift every morning when I wake up, open my eyes and can see the beauty in the world.

My gratitude to the donor and their family is unwavering and unlimited. They chose to be generous, kind and benevolent at a time when most people would not think of others. Organ and tissue donors give recipients hope and life.

media much earlier than TGLN's current process of whole eye enucleation. The death-to-preservation interval is an important factor in determining transplantation suitability. Given the specially designed preservation solution maintains tissue viability, a shorter death to preservation interval generally relates to improved tissue quality, and corresponding surgical outcomes.

To prepare for the launch of in-situ recovery, TGLN procured specialized supplies and equipme and developed policies and procedures related to the new recovery processes. TGLN partnered with Eye Bank of Canada (EBC) – Ontario Division to build a comprehensive education program that includes didactic sessions and practical training in the EBC's wet lab. In addition, evaluation tools and feedback mechanisms to assess the quality of recovered corneas have been developed. In-situ recovery staff has been selected in the Greater Toronto Area, as well as the Southwest and Eastern regions of the province.

To further maximize death to preservation intervals, TGLN initiated separation of the consent and recovery functions of the tissue coordinator role. Dedicated recovery staff will optimize recovery outcomes and further support the continued growth in donation volumes province wide.

Leading Ontario's tissue system redesign

In 2013/14 TGLN commissioned a group of independent experts to conduct a thorough review and analysis of Ontario's end-to-end tissue system, including an assessment of future needs. A report entitled *Tissue Banking in the Province of Ontario: Review and Analysis* was provided to TGLN and the Ontario Ministry of Health and Long Term Care. The publication is available publicly on the TGLN website.

Noting the strong foundation in place, the detailed report emphasized the potential for Ontario's tissue donation and transplantation system to function at a higher level. The proposed improvements aim to promote a more self-sufficient system, wherein Ontario tissue is used for Ontario patients. An integrated system that is patient focused, responsive, and strives for the highest standards of quality in practice – safety, effectiveness, and access – will promote better patient outcomes.

Central to the re-design are interventions to improve access to the Ontario tissue supply through increased donation volumes and enhanced tissue recovery capacity and capabilities. Improved information systems will eliminate redundancies and inefficiencies and allow for greater processing economies of scale.

In 2015/16, TGLN developed a multi-year action plan aimed at establishing a sustainable, integrated, and high quality end-to-end tissue donation and transplant system—one that meets the needs of Ontario patients and contributes to the broader tissue needs of all Canadians. TGLN convened a Provincial Tissue Working Group and Provincial Tissue Advisory Council to provide expert advice on requirements for the tissue system redesign, and to oversee and monitor implementation activities. In collaboration with its system partners, TGLN has initiated planning and implementation activities associated with several key recommendations aimed at increasing donation rates, enhancing eye banking services and improving how tissue recovery services are delivered in Ontario.

Hospital for Sick Children Tissue Lab.

Objective 4

Enhance shared responsibility for donation and inspire over 233,000 Ontarians to register their consent to donate.

In 2015/16, 341,998 Ontarians registered as organ and tissue donors, surpassing the target and increasing the provincial registration rate to 29 percent. This year's strong performance was enabled by efforts led by Trillium Gift of Life Network and its partners, most notably, with the support of a dedicated group of advocates, TGLN used stories of donation and transplant to inspire action from all levels of government, hospitals, cultural, religious and community groups, the mainstream media and our social media audience.

Ronnie and Rabbi Bulka present a recognition award to Angela Coke, Deputy Minister, Ontario Ministry of Government and Consumer Services, and Bev Hawton, Assistant Deputy Minister, Business Improvement at ServiceOntario.

ServiceOntario: A critical partnership

Much of the success in increasing registration rates over the last few years, including fiscal year 2015/16, has stemmed from the strong partnership between Trillium Gift of Life Network and ServiceOntario. Every Ontario citizen engaging in a Health Card transaction, Driver's Licence renewal and/or Ontario Photo Card application at a ServiceOntario centre is offered the opportunity to register consent for organ and tissue donation.

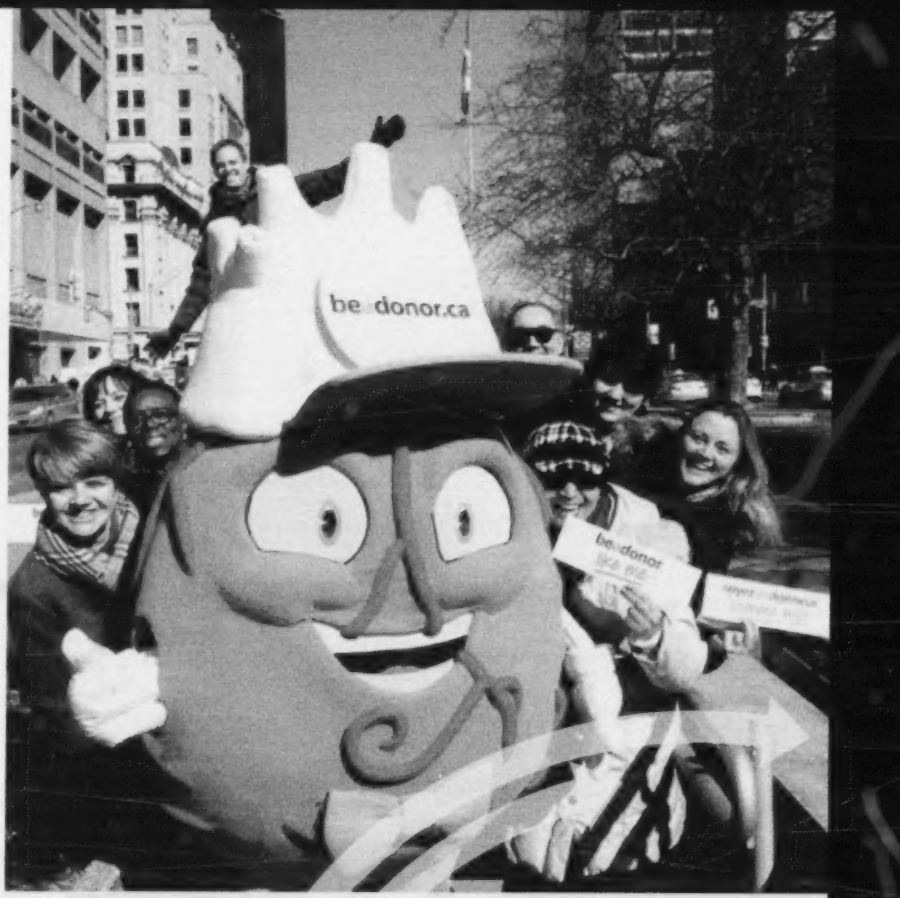
In November 2015, TGLN presented ServiceOntario with an award acknowledging their important contribution to saving lives through organ and tissue donation and transplantation in Ontario. The award specifically recognized ServiceOntario's dedication to maximizing opportunities to encourage Ontarians to register their consent in person, online and by mail. TGLN works continuously to improve the donor registration process and in-centre experience by offering promotional materials for ServiceOntario centres (e.g. posters and staff t-shirts) and recognizing ServiceOntario staff.

Throughout 2015/16, the Ministry of Health and Long-Term Care and ServiceOntario made a concerted effort to encourage Ontarians still holding red and white health cards to convert to photo health cards. This, in turn, has brought many long-time red and white cardholders (who have never had to renew their health cards) into ServiceOntario centres, where they were asked to register for organ and tissue donation for the first time. This extra traffic at ServiceOntario centres has helped to boost the number of donor registrations.

April is BeADonor month

BeADonor like me was the theme for April 2015, encouraging registered donors to publicly demonstrate pride in their decision. The objective was to normalize the topic of organ and tissue donation by offering individuals and groups opportunities to make their support for donation more visible to others (family, friends, colleagues, contacts).

Print and broadcast mentions in April had a combined reach of 49 million people. In the Ontario legislature, four member statements were made and a reception for MPPs was held. Other activities included: flag raisings in numerous communities, a first responders event at Toronto City Hall, registration drives and events at more than 40 hospitals, ServiceOntario spirit days in 150 offices and an increased profile at the Ontario Hockey League conference finals. These activities combined to inspire 25,135 new registrations, the highest ever recorded in April.



Cardiac Carla shares her #1saves8 photo for BeADonor month 2015.

Hospital engagement

To strengthen our shared interest in donation and inspire registration among Ontario's hospitals and health care professionals, TGLN formally engaged hospitals to launch public awareness campaigns, particularly during BeADonor month. In 2015/16, 44 hospitals in the province ran registration drives, demonstrating their commitment to educate and engage their employees and their communities. TGLN supported these campaigns by providing informational and promotional material, offering speakers for events and sharing key accomplishments on our own social media channels.

The Ontario Hockey League supports organ and tissue donation.

Working with the media

Throughout 2015/16, Trillium Gift of Life Network actively engaged the media, sharing stories to encourage the public to register and make their wishes known, and providing regular updates on the successes of the OTDT system in Ontario. On average, 23 articles featuring TGLN or BeADonor.ca appeared every week, resulting in 1,215 news articles with a potential reach of 173 million for the year. TGLN proactively shared organizational news through six

media releases and nine advisories on a broad range of topics, including:

- The launch of BeADonor month 2015;
- Record calendar and fiscal year for organ and tissue donations in Ontario;
- Implementation of the Hospital Donation Physician model;
- Routine notification and conversion rates by hospital;
- Introduction of the Highly Sensitized Patient program in partnership with Canadian Blood Services;
- The expansion of designated hospitals in Ontario; and
- TGLN hospital achievement awards.

Reporters regularly reach out to TGLN for interviews and to comment on high profile organ and tissue donation and transplant stories. This year topics of interest included TGLN's role in facilitating Canada's first upper limb transplant, compelling public appeals for living donors, the experience of waiting for an organ transplant, various private member's bills on organ and tissue donation, Ontario's first South Asian Gift of Life Week (held in October), and an independent report on the tissue system in Ontario.

Marketing

TGLN worked with Ipsos Reid to conduct broad based research on current public opinion related to organ and tissue donation. Two studies were done to gain a greater understanding of our target

Jim Atkinson, Bone Recipient

In the summer of 1998 my childhood friend, the best man at my wedding, died waiting for a heart and lung transplant. His death was devastating to all who loved him and it was so frustrating to realize he could have been saved, if only more people talked about the importance of organ donation and transplant.

Shortly after his funeral I was offered an opportunity to work with MORE, the predecessor to Trillium Gift of Life Network. I was thrilled with the chance to help those who were working to give people like my friend a second chance at life. For 12 years I worked at TGLN in IT, never dreaming that one day I too would rely on the kindness of a donor family and the work of this organization.

In 2002 I started to develop problems with my upper leg and it turned out I needed a hip replacement. Unfortunately there were complications with the surgery and for months afterward I was in constant pain, making it impossible to work or to live my life the way I wanted to. Finally my Doctor recommended a bone transplant and within weeks, I was back on my feet. I've been able to live my dreams, enjoying my retirement spending time with family and on the golf course. I even hold a dream 'retirement job' working with golfers throughout the summer months. A few years ago my sister became a cornea donor after her death, which meant so much to our family.

I tell everyone I meet what donation and transplant means to me, I am honoured to have worked for Trillium Gift of Life Network. I will continue to share my story in the hope that more people in Ontario will register as organ and tissue donors.

audience, with each study polling a representative sample of 1,000 adult Ontarians. The first assessed general attitudes and behavior related to organ and tissue donation and registration. The second reported on Ontarians' perspective on presumed consent (confirming that the majority, 66 percent, believe organ donation in Ontario should be an 'opt-in' system in which one actively chooses to give consent to donate).

Through continued support for search engine optimization, TGLN ensured that anyone searching online for information on organ and tissue donation or registration had quick and easy access to the content available on TGLN's websites, BeADonor.ca and GiftofLife.on.ca.

Work was also completed in 2015/16 to better improve the performance and user experience of beadonor.ca, TGLN's registration portal and the digital home for registration drives and registration statistics.

Social media

Social media was a key component of outreach in 2015/16 and all activities were promoted and shared on the Trillium Gift of Life Network Facebook page and Twitter feed. The TGLN Facebook page was officially *verified*, meaning that the organization and its page were recognized as a reliable and credible source of online information on organ and tissue donation. By strategically targeting trending topics and high profile events, TGLN grew its social audience organically, adding 3,000 new members to the Facebook page for a total of 88,000 and 1,000 new followers on Twitter, growing the audience to just under 4,000 people.

The Guelph Fire Department supports organ and tissue donation.

During BeADonor month, the use of the tagline #1saves8 was promoted to encourage participation in a photo challenge. The campaign resulted in 90 photos of Ontarians creatively interpreting our message: one organ donor can save up to eight lives. Stakeholders, including organ and tissue donation advocates, hospitals, first responders, sports figures, elected officials and government organizations, participated in the challenge.

Advocates

TGLN supports a network of dedicated advocacy groups whose aim is to encourage a culture of organ and tissue donation in Ontario. Over 20 regional or cultural associations comprised of donor family members and transplant recipients help to connect Ontarians to the importance of donation and transplantation through local awareness presentations, media outreach, regional events, registration drives and social media campaigns. In 2015/16, advocate organizations extended the personal impact of organ and tissue donation to nearly all Ontario municipalities through this focused outreach.

Justin Trudeau, MP
@JustinTrudeau
Following
One organ donor can save eight lives. During #DonorAwarenessWeek, please consider registering: beadonor.ca #beadonor
RETWEETS 133
FAVORITES 85
1:51 PM - 20 Apr 2015

Community #1saves8 photos, shared during April 2015.

Members of the Lions volunteer at an event to promote organ and tissue donation.

Ronnie at Queen's Park with Ontario MPPs.

In the community

Working with community partners, TGLN had the opportunity to reach corporate, professional, government, academic, faith and healthcare audiences. For the second consecutive year, TGLN partnered with the Council of Agencies Serving South Asians (CASSA) to connect with the Greater Toronto Area's South Asian communities. CASSA developed and promoted the first-ever South Asian Gift of Life Week in October 2015, holding educational and promotional events throughout the Greater Toronto Area (GTA). The week was a success, with an extended audience reached through print, broadcast and online media coverage.

The Multiple District A Lions Clubs Gift of Life Program has expanded its reach with more of their members promoting education and registration. To date, Lions have inspired more than 4,000 visits to the online donor registry through their BeA Donor.ca pages.

TGLN presence at events organized by the Heart and Stroke Foundation, Canadian Diabetes Association, the Kidney Foundation of Canada and Cystic Fibrosis Canada ensured that organ and tissue donation messages were included in many high profile public and stakeholder events (e.g. Kidney Gala).

Additionally, TGLN supported 203 community events in 2015/16, providing materials, guidance and speakers. These grassroots events offer additional opportunities to help normalize OTDT by demonstrating that this issue is relevant and affects Ontarians in all communities, small and large.

Ronnie Gavsie with Peel region Mayors (from left to right, Mississauga Mayor Bonnie Crombie, Caledon Mayor Allan Thompson, Regional Chair Frank Dale, Brampton Mayor Linda Jeffrey) and first responders Chief Peter Dundas, Peel Region Paramedic Services and Chief Jennifer Evans, Peel Regional Police.

Objective 5

Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards.

In 2015/16, TGLN continued with its ongoing efforts to drive and promote improvements in performance, quality and efficiency within TGLN and the broader OTDT system.

TGLN re-engineered its critical incident process to improve stakeholder engagement and reduce investigation. Leveraging iTransplant, TGLN's state of the art donor management system, TGLN made improvements to its health record review process. This process is integral to reporting hospital donation performance, by eliminating duplicate data entry and reducing the number of health records for review.

Further improvements in data quality were achieved through development of new processes and verification reports. These included staff aids and tools, such as data dictionaries to support consistent interpretation of data fields and case closure checklists, thereby promoting accountability for data completion and accuracy.

TGLN also significantly enhanced its project management capacity to maximize successful and timely completion of key projects aimed at improving donation and transplantation results. These enhancements included the development of a standard set of project management tools and templates, production of a monthly dashboard to track and communicate status of key projects, and the creation of a virtual project management office (PMO), a corporate resource to support project managers and sponsors.

In March 2016, TGLN capped off the fiscal year with a successful inspection by Health Canada wherein TGLN was found to be compliant with Health Canada's cells, tissue and organs regulations. Comprehensive audits conducted during this review confirmed that TGLN continues to work in a safe manner, according to prescribed standards.

Objective 6

Enhance IM/IT to drive innovation, improvement and efficiency at TGLN and in the broader donation and transplantation system

TGLN made progress in improving access to OTDT data and information through the launch of a new online portal, improvements to online statistics on its website and changes to its mission critical information.

Online physician portal

An online physician portal developed in 2014/15 was formally launched this year. Providing physicians with a secure and universal method of knowledge transfer, the portal offers a centralized location to access educational materials, donation literature, and relevant video clips. A dedicated collection of tools and resources, including standardized presentations and performance data, is available to optimize a physician's success in improving donation in their own region and across Ontario.

Enhancements to information systems

Changes to TGLN's information system were completed to facilitate collection of data related to organ allocation offers made to the transplant programs. These enhancements will enable development of reports to analyze decline rationales. The goal is to share this data with transplant programs in order to drive improvements in organ acceptance rates. Implementation is set for 2016/17.

Improving online statistics

In an effort to improve transparency and accessibility, Trillium Gift of Life Network has enhanced the online statistics available at www.giftoflife.on.ca. Users can now access more robust current and historical statistics on donation and transplant in Ontario.

Objective 7

Attract, engage, develop and retain talented staff

The steadfast dedication of our staff to saving lives is a key driver of the record breaking results achieved this year in organ and tissue donation, registration and transplant.

In 2015/16 TGLN restructured important service areas of the organization, including Clinical Donation Services and Human Resources, to facilitate more efficient and effective delivery of services and programs. A new Learning Management System was launched to facilitate onboarding and better meet the continuing education needs of TGLN's provincially dispersed 24/7 clinical staff. New staff roles were introduced, including a Consent Coordinator and Tissue Recovery Coordinator, to improve performance and address workload issues. A brand new role, Director of Human Resources, was created to lead transformation of this important area to better support all staff. Under this new leadership the HR team has improved its practices and policies, streamlined recruitment tools, revamped the performance review system, launched learning opportunities and engaged management staff by reinvigorating the monthly Management Committee meetings.

TGLN will continue to strengthen its HR services and supports to staff, to nurture a highly energized and engaged workforce who collaborate and continue to strive to achieve exceptional results.

Deena, TGLN Provincial Resource Centre

TGLN organ and tissue donation coordinators together in Toronto for a team meeting.

Appendix I – Tables and Figures

Table 1

Tissue Donation by Tissue Type

*Tissue Donation**	*FY 2015/16*	*FY 2014/15*	*FY 2013/14*
Tissue Donors	2,268	1,953	1,949
Ocular Donors	2,234	1,914	1,918
Skin Donations	87	38	26
Heart Valve Donations	63	55	46
Bone Donations	129	108	144
Tissue Consent Rate	51%	46%	42%

*In 2015/16 TGLN facilitated the first Vascular Composite Allograft transplant, more information can be found on page 8

Table 2

Deceased Organ Donors, Tissue Donors, Conversion Rate and Routine Notification Rate by Hospital for 2015/16

Hospital	*Routine Notification Rate**	*Conversion Rate for Organ Donors*	*Organ Donors*	*Tissue Donors*
Greater Toronto Region	**95%**	**47%**	**122**	**862**
Halton Healthcare Services	87%	0%	0	24
Humber River Hospital	97%	22%	2	23
Joseph Brant Hospital	97%	0%	0	24
Lakeridge Health	95%	86%	6	137
Mackenzie Health	95%	57%	4	26
Markham Stouffville Hospital	96%	67%	2	30
Michael Garron Hospital, Toronto East Health Network	89%	13%	1	51
Mount Sinai Hospital	97%	20%	1	8
North York General Hospital	94%	33%	1	15
Rouge Valley Health System	97%	56%	5	35
Southlake Regional Health Centre	98%	43%	3	74
St. Joseph's Health Centre	96%	19%	3	20
St. Michael's Hospital	86%	56%	19	42
Sunnybrook Health Sciences Centre	89%	62%	16	64
The Hospital for Sick Children	97%	50%	3	2
The Scarborough Hospital	97%	0%	0	33
Trillium Health Partners	98%	48%	20	120
University Health Network	98%	52%	15	79
William Osler Health System	97%	66%	21	55
Simcoe Muskoka Region	**94%**	**40%**	**4**	**121**
Collingwood General and Marine Hospital	94%	100%	1	13
Georgian Bay General Hospital	100%	0%	0	17
Headwaters Health Care Centre	87%	–	0	12
Muskoka Algonquin Healthcare	89%	0%	0	16
Orillia Soldiers' Memorial Hospital	86%	50%	1	15
Royal Victoria Regional Health Centre	99%	40%	2	48

*Both organ and tissue

Continued on page 27

Table 2 *(Continued from page 26)*

Deceased Organ Donors, Tissue Donors, Conversion Rate and Routine Notification Rate by Hospital for 2015/16

Hospital	*Routine Notification Rate**	*Conversion Rate for Organ Donors*	*Organ Donors*	*Tissue Donors*
Eastern Region	**93%**	**71%**	**55**	**390**
Brockville General Hospital	81%	–	0	12
Children's Hospital of Eastern Ontario	90%	0%	0	0
Cornwall Community Hospital	91%	–	0	7
Hawkesbury & District General Hospital	87%	–	0	10
Hôpital Montfort	88%	–	0	12
Kingston General Hospital	99%	62%	16	65
Lennox & Addington County General Hospital	89%	–	0	5
Northhumberland Hills Hospital — Cobourg	82%	–	0	11
Pembroke Regional Hospital	100%	–	0	8
Peterborough Regional Health Centre	89%	67%	4	60
Queensway-Carleton Hospital	95%	100%	1	30
Quinte Health Care	89%	80%	4	30
Ross Memorial Hospital	89%	–	0	28
The Ottawa Hospital	97%	79%	30	95
University of Ottawa Heart Institute	100%	–	0	17
Northern Region	**95%**	**53%**	**21**	**156**
Health Sciences North	98%	69%	9	73
Kirkland & District Hospital	95%	–	0	0
Lake of the Woods District Hospital	80%	–	0	0
North Bay Regional Health Centre	96%	50%	1	40
Sault Area Hospital	98%	45%	5	7
Thunder Bay Regional Health Sciences Centre	95%	67%	6	19
Timmins and District Hospital	93%	0%	0	16
West Parry Sound Health Centre	53%	–	0	1
Southwestern Region	**94%**	**64%**	**94**	**700**
Bluewater Health	98%	100%	3	24
Brant Community Healthcare System	84%	33%	2	27
Cambridge Memorial Hospital	96%	0%	0	23
Chatham-Kent Health Alliance	98%	0%	0	16
Grand River Hospital	95%	80%	4	56
Grey Bruce Health Services	97%	0%	0	11
Guelph General Hospital	94%	67%	2	23
Hamilton Health Sciences	96%	89%	39	103
Huron Perth Health Alliance	97%	–	0	0
Leamington District Memorial Hospital	60%	–	0	12
London Health Sciences Centre	90%	62%	24	108
Middlesex Hospital Alliance	79%	–	0	13
Niagara Health System	98%	46%	6	110

Continued on page 28

Appendix I – Tables and Figures

Table 2 *(Continued from page 27)*

Deceased Organ Donors, Tissue Donors, Conversion Rate and Routine Notification Rate by Hospital for 2015/16

Hospital	*Routine Notification Rate**	*Conversion Rate for Organ Donors*	*Organ Donors*	*Tissue Donors*
Norfolk General Hospital	79%	–	0	13
St. Joseph Healthcare Hamilton	97%	50%	2	31
St. Mary's General Hospital	97%	75%	3	25
St. Thomas-Elgin General Hospital	95%	25%	1	24
Tillsonburg District Memorial Hospital	71%	–	0	3
Windsor Regional Hospital	96%	50%	8	63
Woodstock Hospital	94%	–	0	13
Others	–	–	0	39
Total	**94%**	**56%**	**296**	**2,268**

Table 3

Organ Donors from Ontario and Out-of-Province

Type of Donor	*FY 2015/16*	*FY 2014/15*	*FY 2013/14*
Deceased Donors from Ontario	296	271	223
NDD Donors from Ontario	198	202	170
DCD Donors from Ontario	98	69	53
Living Donors from Ontario	281	278	252
All Ontario Donors	**577**	**549**	**475**
Deceased Donors from Other Canadian Provinces	86	63	57
Deceased Donors from the United States	14	16	10
All Out-of-Province Donors	**100**	**79**	**67**

Definitions

NDD: Neurological determination of death DCD: Donations after cardio-circulatory death

Appendix I – Tables and Figures

Table 4

Number of Organs Recovered and Transplanted from Deceased Donors in Ontario

Organ	2015/16			2014/15			2013/14		
	From NDD Donors	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*
Heart	70	0	70	69	0	69	57	0	57
Kidney	303	166	469	330	113	443	276	83	359
Liver	154	27	181	178	27	205	144	23	167
Lung	96	54	150	142	30	172	132	28	160
Pancreas — Islets	21	4	25	23	0	23	33	0	33
Pancreas — Whole	39	8	47	42	8	50	31	6	37
Small Bowel	1	0	1	2	0	2	0	0	0
Total	**684**	**259**	**943**	**786**	**178**	**964**	**673**	**140**	**813**

NOTE: Organs are counted as in calculation of organ yield.

Table 5

Organ Transplant Yield per Deceased Donor in Ontario

Donor Type	2015/16		2014/15		2013/14	
	Number of Donors	*Organ Yield*	*Number of Donors*	*Organ Yield*	*Number of Donors*	*Organ Yield*
DCD	98	2.64	69	2.58	53	2.64
NDD	198	3.45	202	3.89	170	3.96
Total	**296**	**3.19**	**271**	**3.56**	**223**	**3.65**

Organ Utilization			
Organ Type	*2015/16*	*2014/15*	*2013/14*
Heart	0.24	0.25	0.26
Kidney	0.79	0.82	0.80
Liver	0.61	0.73	0.74
Lung	0.25	0.32	0.36
Pancreas — Islets	0.08	0.08	0.15
Pancreas — Whole	0.16	0.18	0.17
Small Bowel	0.00	0.01	0.00

Appendix I – Tables and Figures

Table 6

Organ Transplants in Ontario from Deceased (Provincial and Non-Provincial) and Living Donors from Ontario

Organ/s Transplanted	*2015/16*	*2014/15*	*2013/14*
Kidney from Deceased Donors	416	383	310
Kidney from Living Donors	224	213	199
Liver from Deceased Donors	189	194	160
Liver from Living Donors	57	65	53
Heart	83	78	70
Lung	128	125	124
Pancreas	22	17	13
Small Bowel	1	1	0
Kidney/Pancreas	40	37	28
Heart/Lung	0	2	0
Liver/Kidney	11	13	5
Liver/Heart	0	0	0
Liver/Bowel	1	1	0
Liver/Lung	1	0	1
Liver/Pancreas	0	0	0
VCA	1	0	0
Total	**1,174**	**1,129**	**963**

*In 2015/16 TGLN facilitated the first Vascular Composite Allograft transplant, more information can be found on page 8.

Table 7

Waiting List for Organ Transplants

Organ	*March 31, 2016*	*March 31, 2015*	*March 31, 2014*
Kidney	1,143	1,144	1,066
Liver	225	214	237
Heart	57	69	67
Lung	65	81	81
Pancreas	16	14	18
Small Bowel	1	1	2
Kidney/Pancreas	63	60	55
Heart/Lung	0	0	2
Other*	10	10	1
Total	**1,580**	**1,593**	**1,54**

*Other includes Kidney/Small Bowel, Liver/Bowel, Liver/Heart, Liver/Kidney, Liver/Lung, Liver/Pancreas, and Liver/Small Bowel/Kidney

Table 8

Deceased Organ Donation Funding to Hospitals (April 1, 2015–March 31, 2016)

Corporation	*Phase 1*		*Phase 2*		*Phase 3*		*Total Amount*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Bluewater Health	**4**	**$3,200**	**4**	**$8,200**	**2**	**$6,300**	**$17,700**
Bluewater Health - Sarnia/Norman Site	4	$3,200	4	$8,200	2	$6,300	$17,700
Brant Community Healthcare System	**10**	**$8,000**	**7**	**$14,350**	**2**	**$6,300**	**$28,650**
Brantford General Hospital	10	$8,000	7	$14,350	2	$6,300	$28,650
Brockville General Hospital	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
Brockville General Hospital	1	$800	0	$0	0	$0	$800
Cambridge Memorial Hospital	**1**	**$800**	**1**	**$2,050**	**1**	**$3,150**	**$6,000**
Cambridge Memorial Hospital	1	$800	1	$2,050	1	$3,150	$6,000
Chatham-Kent Health Alliance	**2**	**$1,600**	**0**	**$0**	**0**	**$0**	**$1,600**
Chatham Kent Health Alliance	2	$1,600	0	$0	0	$0	$1,600
Children's Hospital Of Eastern Ontario	**5**	**$4,000**	**2**	**$4,100**	**0**	**$0**	**$8,100**
Children's Hospital Of Eastern Ontario	5	$4,000	2	$4,100	0	$0	$8,100
Collingwood General & Marine Hospital	**2**	**$1,600**	**1**	**$2,050**	**1**	**$3,150**	**$6,800**
Collingwood General & Marine Hospital	2	$1,600	1	$2,050	1	$3,150	$6,800
Cornwall General Hospital	**1**	**$800**	**1**	**$2,050**	**0**	**$0**	**$2,850**
Cornwall Community Hospital	1	$800	1	$2,050	0	$0	$2,850
Georgian Bay General Hospital	**2**	**$1,600**	**0**	**$0**	**0**	**$0**	**$1,600**
Georgian Bay General Hospital - Midland Site	2	$1,600	0	$0	0	$0	$1,600
Grand River Hospital	**17**	**$13,600**	**8**	**$16,400**	**4**	**$12,600**	**$42,600**
Grand River - Kitchener	17	$13,600	8	$16,400	4	$12,600	$42,600
Grey Bruce Health Services	**4**	**$3,200**	**1**	**$2,050**	**0**	**$0**	**$5,250**
Grey Bruce Health Services - Owen Sound Hospital	4	$3,200	1	$2,050	0	$0	$5,250
Guelph General Hospital	**14**	**$11,200**	**8**	**$16,400**	**4**	**$12,600**	**$40,200**
Guelph General Hospital	14	$11,200	8	$16,400	4	$12,600	$40,200
Halton Healthcare Services	**3**	**$2,400**	**1**	**$2,050**	**1**	**$3,150**	**$7,600**
Halton Healthcare-Milton District Hospital	2	$1,600	0	$0	0	$0	$1,600
Halton Healthcare-Oakville Trafalgar Memorial Hospital	1	$800	1	$2,050	1	$3,150	$6,000
Hamilton Health Sciences	**84**	**$67,200**	**53**	**$108,650**	**40**	**$126,000**	**$301,850**
Hamilton General Hospital	69	$55,200	46	$94,300	37	$116,550	$266,050
Mcmaster Children's - Ham	6	$4,800	1	$2,050	1	$3,150	$10,000
Juravinski Hospital - Ham	9	$7,200	6	$12,300	2	$6,300	$25,800
Hanover And District Hospital	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
Hanover & District Hospital	1	$800	0	$0	0	$0	$800

Continued on page 32

Table 8 *(Continued from page 31)*

Deceased Organ Donation Funding to Hospitals (April 1, 2015–March 31, 2016)

Corporation	*Phase 1*		*Phase 2*		*Phase 3*		*Total Amount*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Health Sciences North	**40**	**$32,000**	**20**	**$41,000**	**12**	**$37,800**	**$110,800**
Health Sciences North	40	$32,000	20	$41,000	12	$37,800	$110,800
Hôpital Montfort	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
Montfort Hospital	1	$800	0	$0	0	$0	$800
Humber River Regional Hospital	**14**	**$11,200**	**4**	**$8,200**	**2**	**$6,300**	**$25,700**
Humber River Hospital - Church Site	5	$4,000	3	$6,150	2	$6,300	$16,450
Humber River Hospital - Finch Site	2	$1,600	0	$0	0	$0	$1,600
Humber River Hospital	7	$5,600	1	$2,050	0	$0	$7,650
Huron Perth Healthcare Alliance	**3**	**$2,400**	**1**	**$2,050**	**0**	**$0**	**$4,450**
Stratford General Hospital	3	$2,400	1	$2,050	0	$0	$4,450
Joseph Brant Hospital	**6**	**$4,800**	**6**	**$12,300**	**1**	**$3,150**	**$20,250**
Joseph Brant Hospital	6	$4,800	6	$12,300	1	$3,150	$20,250
Kingston General Hospital	**48**	**$38,400**	**29**	**$59,450**	**17**	**$53,550**	**$151,400**
Kingston General Hospital	48	$38,400	29	$59,450	17	$53,550	$151,400
Lakeridge Health	**21**	**$16,800**	**10**	**$20,500**	**9**	**$28,350**	**$65,650**
Lakeridge Health Oshawa	20	$16,000	10	$20,500	9	$28,350	$64,850
Lakeridge Health Bowmanville	1	$800	0	$0	0	$0	$800
London Health Sciences Centre	**92**	**$73,600**	**49**	**$100,450**	**33**	**$103,950**	**$278,000**
Children's Hospital Of Western Ontario	4	$3,200	2	$4,100	1	$3,150	$10,450
London - University Hospital	58	$46,400	32	$65,600	22	$69,300	$181,300
London - Victoria Hospital	30	$24,000	15	$30,750	10	$31,500	$86,250
Mackenzie Health	**10**	**$8,000**	**6**	**$12,300**	**4**	**$12,600**	**$32,900**
Mackenzie Richmond Hill (Aka Ych)	10	$8,000	6	$12,300	4	$12,600	$32,900
Markham Stouffville Hospital	**12**	**$9,600**	**3**	**$6,150**	**2**	**$6,300**	**$22,050**
Markham Stouffville Hospital	12	$9,600	3	$6,150	2	$6,300	$22,050
Michael Garron Hospital, Toronto East Health Network	**10**	**$8,000**	**2**	**$4,100**	**1**	**$3,150**	**$15,250**
Michael Garron Hospital, Toronto East Health Network	10	$8,000	2	$4,100	1	$3,150	$15,250
Mount Sinai Hospital	**6**	**$4,800**	**2**	**$4,100**	**1**	**$3,150**	**$12,050**
Mount Sinai Hospital	6	$4,800	2	$4,100	1	$3,150	$12,050
Niagara Health System	**26**	**$20,800**	**10**	**$20,500**	**6**	**$18,900**	**$60,200**
Greater Niagara General	8	$6,400	0	$0	0	$0	$6,400
St Catharines General	15	$12,000	8	$16,400	5	$15,750	$44,150
Welland County General	3	$2,400	2	$4,100	1	$3,150	$9,650
North Bay Regional Health Centre	**3**	**$2,400**	**1**	**$2,050**	**1**	**$3,150**	**$7,600**

Continued on page 33

Table 8 *(Continued from page 32)*

Deceased Organ Donation Funding to Hospitals (April 1, 2015–March 31, 2016)

Corporation	*Phase 1*		*Phase 2*		*Phase 3*		*Total Amount*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
North Bay Regional Health Centre	3	$2,400	1	$2,050	1	$3,150	$7,600
North York General Hospital	**6**	**$4,800**	**2**	**$4,100**	**1**	**$3,150**	**$12,050**
North York General Hospital	6	$4,800	2	$4,100	1	$3,150	$12,050
Northumberland Hills Hospital	**1**	**$800**	**1**	**$2,050**	**0**	**$0**	**$2,850**
Northumberland Hills Hospital - Cobourg	1	$800	1	$2,050	0	$0	$2,850
Orillia Soldiers' Memorial Hospital	**5**	**$4,000**	**3**	**$6,150**	**3**	**$9,450**	**$19,600**
Soldiers' Memorial Hospital	5	$4,000	3	$6,150	3	$9,450	$19,600
Peterborough Regional Health Centre	**12**	**$9,600**	**6**	**$12,300**	**4**	**$12,600**	**$34,500**
Peterborough Regional Health Centre	12	$9,600	6	$12,300	4	$12,600	$34,500
Queensway-Carleton Hospital	**15**	**$12,000**	**6**	**$12,300**	**3**	**$9,450**	**$33,750**
Queensway Carleton Hospital	15	$12,000	6	$12,300	3	$9,450	$33,750
Quinte Healthcare Corporation	**7**	**$5,600**	**5**	**$10,250**	**4**	**$12,600**	**$28,450**
Belleville General Hospital	7	$5,600	5	$10,250	4	$12,600	$28,450
Ross Memorial Hospital	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
Ross Memorial Hospital	1	$800	0	$0	0	$0	$800
Rouge Valley Health System	**20**	**$16,000**	**12**	**$24,600**	**6**	**$18,900**	**$59,500**
Rouge Valley Ajax	10	$8,000	6	$12,300	3	$9,450	$29,750
Rouge Valley Centenary	10	$8,000	6	$12,300	3	$9,450	$29,750
Royal Victoria Regional Health Centre	**16**	**$12,800**	**4**	**$8,200**	**2**	**$6,300**	**$27,300**
Royal Victoria Hospital - Barrie	16	$12,800	4	$8,200	2	$6,300	$27,300
Sault Area Hospital	**8**	**$6,400**	**5**	**$10,250**	**5**	**$15,750**	**$32,400**
Sault Area Hospital	8	$6,400	5	$10,250	5	$15,750	$32,400
Southlake Regional Health Centre	**21**	**$16,800**	**5**	**$10,250**	**5**	**$15,750**	**$42,800**
Southlake Regional Health Centre	21	$16,800	5	$10,250	5	$15,750	$42,800
St. Joseph's Health Centre	**7**	**$5,600**	**4**	**$8,200**	**3**	**$9,450**	**$23,250**
St Joseph's Health Centre - Toronto	7	$5,600	4	$8,200	3	$9,450	$23,250
St. Joseph's Healthcare	**11**	**$8,800**	**10**	**$20,500**	**4**	**$12,600**	**$41,900**
St Joseph's Health - Hamilton	11	$8,800	10	$20,500	4	$12,600	$41,900
St. Mary's General Hospital	**13**	**$10,400**	**8**	**$16,400**	**6**	**$18,900**	**$45,700**
St Mary's General - Kitchener	13	$10,400	8	$16,400	6	$18,900	$45,700
St. Michael's Hospital	**64**	**$51,200**	**33**	**$67,650**	**21**	**$66,150**	**$185,000**
St Michael's Hospital	64	$51,200	33	$67,650	21	$66,150	$185,000
St. Thomas Elgin General Hospital	**4**	**$3,200**	**2**	**$4,100**	**1**	**$3,150**	**$10,450**
St Thomas Elgin General Hospital	4	$3,200	2	$4,100	1	$3,150	$10,450
Stevenson Memorial Hospital	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**

Continued on page 34

Table 8 *(Continued from page 33)*

Deceased Organ Donation Funding to Hospitals (April 1, 2015–March 31, 2016)

Corporation	*Phase 1*		*Phase 2*		*Phase 3*		*Total Amount*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Stevenson Memorial Hospital	1	$800	0	$0	0	$0	$800
Sunnybrook Health Sciences Centre	**44**	**$35,200**	**25**	**$51,250**	**19**	**$59,850**	**$146,300**
Sunnybrook Health Sciences	44	$35,200	25	$51,250	19	$59,850	$146,300
Temiskaming Hospital	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
New Liskard Temiskaming Hospital	1	$800	0	$0	0	$0	$800
The Hospital For Sick Children	**20**	**$16,000**	**7**	**$14,350**	**3**	**$9,450**	**$39,800**
Hospital For Sick Kids	20	$16,000	7	$14,350	3	$9,450	$39,800
The Ottawa Hospital	**65**	**$52,000**	**46**	**$94,300**	**33**	**$103,950**	**$250,250**
Ottawa Hospital - Civic	59	$47,200	40	$82,000	28	$88,200	$217,400
Ottawa Hospital - General	6	$4,800	6	$12,300	5	$15,750	$32,850
The Scarborough Hospital	**15**	**$12,000**	**2**	**$4,100**	**0**	**$0**	**$16,100**
Scarborough Birchmount	7	$5,600	0	$0	0	$0	$5,600
Scarborough General	8	$6,400	2	$4,100	0	$0	$10,500
Thunder Bay Regional Health Sciences Centre	**22**	**$17,600**	**10**	**$20,500**	**6**	**$18,900**	**$57,000**
Thunder Bay Regional	22	$17,600	10	$20,500	6	$18,900	$57,000
Tillsonburg District Memorial Hospital	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
Tillsonburg District Memorial	1	$800	0	$0	0	$0	$800
Timmins And District Hospital	**4**	**$3,200**	**1**	**$2,050**	**1**	**$3,150**	**$8,400**
Timmins & District Hospital	4	$3,200	1	$2,050	1	$3,150	$8,400
Trillium Health Partners	**50**	**$40,000**	**32**	**$65,600**	**23**	**$72,450**	**$178,050**
Trillium Health Partners - Credit Valley Hospital	11	$8,800	6	$12,300	4	$12,600	$33,700
Trillium Health Partners - Mississauga Hospital	39	$31,200	26	$53,300	19	$59,850	$144,350
University Health Network	**42**	**$33,600**	**23**	**$47,150**	**16**	**$50,400**	**$131,150**
Toronto General Hospital	13	$10,400	7	$14,350	4	$12,600	$37,350
Toronto Western Hospital	29	$23,200	16	$32,800	12	$37,800	$93,800
University Of Ottawa Heart Institute	**10**	**$8,000**	**3**	**$6,150**	**0**	**$0**	**$14,150**
Ottawa Heart Institute	10	$8,000	3	$6,150	0	$0	$14,150
William Osler Health System	**53**	**$42,400**	**28**	**$57,400**	**26**	**$81,900**	**$181,700**
William Osler - Brampton	36	$28,800	21	$43,050	19	$59,850	$131,700
William Osler - Etobicoke	17	$13,600	7	$14,350	7	$22,050	$50,000
Windsor Regional Hospital	**53**	**$42,400**	**28**	**$57,400**	**12**	**$37,800**	**$137,600**
Windsor Regional Hospital - Metropolitan Campus	10	$8,000	3	$6,150	1	$3,150	$17,300
Windsor Regional Hospital-Ouellette Campus	43	$34,400	25	$51,250	11	$34,650	$120,300
Woodstock General Hospital	**2**	**$1,600**	**1**	**$2,050**	**0**	**$0**	**$3,650**
Woodstock General Hospital	2	$1,600	1	$2,050	0	$0	$3,650
Grand Total	**1,037**	**$829,600**	**542**	**$1,111,100**	**351**	**$1,105,650**	**$3,046,350**

Appendix I – Tables and Figures

Figure 1

Percent of Registered Donors (Among 16+ Health Card Holders)

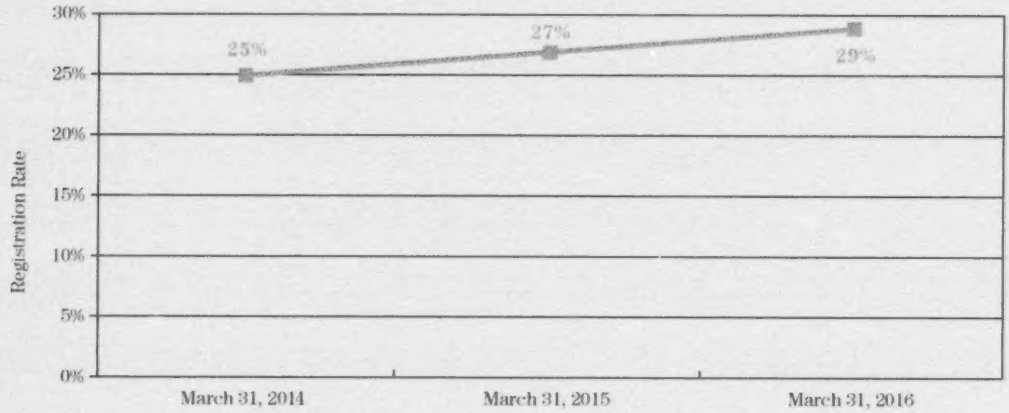
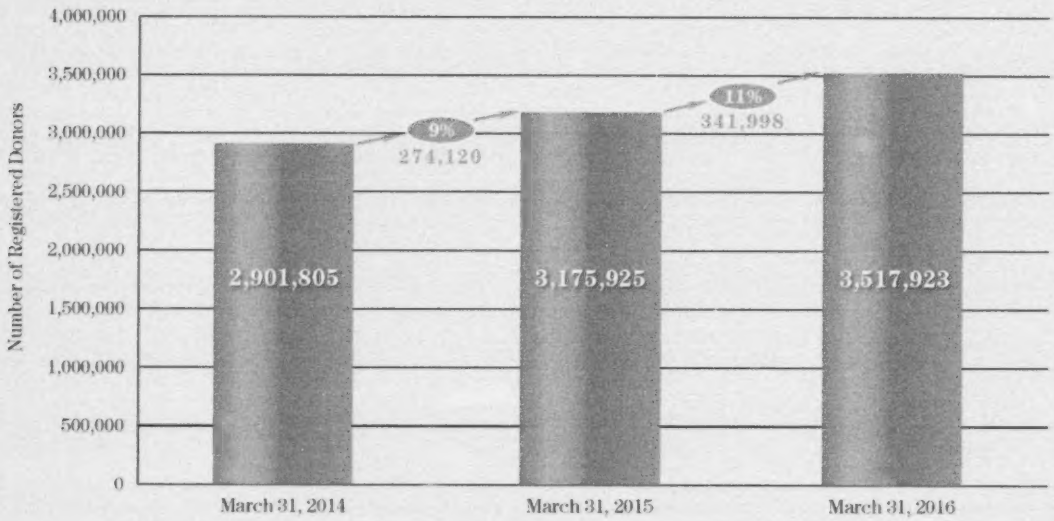


Figure 2

Growth in Registered Donors



Appendix II – Board of Directors

Board of Directors	Tenure	Re-Appointed	Term Expires
Rabbi Dr. Reuven P. Bulka (Chair)*	December 1, 2004 to May 31, 2016	June 1, 2013	June 1, 2016
Diane Craig	December 8, 2004 to December 7, 2016	December 8, 2013	December 8, 2016
Christine Clark Lafleur	September 3, 2008 to September 2, 2018	May 2, 2018	September 3, 2018
Dr. Kenneth Pritzker	March 3, 2010 to March 2, 2017	March 3, 2014	March 3, 2017
Karen Belaire	January 4, 2011 to January 3, 2017	January 4, 2014	January 4, 2017
Dr. Vivek Rao	November 14, 2012 to November 13, 2016	November 14, 2013	November 14, 2016
Grant Hagerty	November 14, 2012 to November 13, 2016	November 14, 2013	November 14, 2016
James Martin Ritchie	January 9, 2013 to January 8, 2017	January 9, 2014	January 9, 2017
Ross Parry	August 28, 2013 to August 27, 2016	N/A	August 28, 2016
Paulina Mirsky	September 8, 2014 to September 7, 2017	N/A	September 8, 2017
Cherie Brant	December 10, 2014 to December 9, 2017	N/A	December 10, 2017
Dr. Gianni Maistrelli	December 10, 2014 to December 9, 2017	N/A	December 10, 2017
Michael Galego	October 21, 2015 to October 20, 2018	N/A	October 21, 2018
Jessica Smith	October 28, 2015 to October 27, 2018	N/A	October 28, 2018

**Designated as Chair on June 5, 2007*

Appendix III – Management Group

Ronnie Gavsie	*President and Chief Executive Officer*
Dr. Sonny Dhanani	*Chief Medical Officer, Donation*
Dr. Jeffrey Zaltzman	*Chief Medical Officer, Transplant*
Amin Remtulla	*Chief Information Officer*
Versha Prakash	*Chief Operating Officer*
Janet MacLean	*Vice President, Clinical Donation Services*
Julie Trpkovski	*Vice President, Clinical Transplant Systems*
Dr. Andrew Healey	*Regional Medical Lead*
Dr. Karim Soliman	*Regional Medical Lead*
Dr. Ian Ball	*Regional Medical Lead*
Dr. Eli Malus	*Regional Medical Lead*
Dr. Michael Hartwick	*Regional Medical Lead*
Dr. Anne Dipchand	*Transplant Medical Lead*
Dr. Jeffrey Zaltzman	*Transplant Medical Lead*
Dr. Marcelo Cypel	*Transplant Medical Lead*
Keith Wong	*Director, Infrastructure and Operations*
Teresa Almeida	*Direction, Application Development*
Mary Ellen Armstrong	*Director, Communications*
Tony Nacev	*Director, Finance and Administration*
Leanne Gray	*Director, Human Resources*
Karen Johnson	*Director, Hospital Programs*
Janice Beitel	*Director, Hospital Programs, Education and Professional Practice*
Clare Payne	*Director, Provincial Resource Centre*
Brent Browett	*Director, Tissue*
John Hanright	*Director, Quality Assurance and Improvement*
Karen Atkin	*Director, Performance Management and Evaluation, Transplant*
Jonathan Chui	*Manager, Informatics*
Vijay Seecharan	*Manager, IT Project Office*
Leona Hollingsworth	*Manager, Communications*
Dan Tsujiuchi	*Manager, Finance*
Shoshana Klein	*Manager, HR*
Rob Sanderson	*Manager, Hospital Programs*
Diana Hallet	*Manager, PRC Organ*
Christine Humphreys	*Manager, PRC Tissue*
Victoria Leist	*Manager, Transplant*

Financial Statements

Trillium Gift of Life Network

March 31, 2016

EY

Building a better working world

INDEPENDENT AUDITORS' REPORT

To the Members of
Trillium Gift of Life Network

We have audited the accompanying financial statements of **Trillium Gift of Life Network**, which comprise the statement of financial position as at March 31, 2016 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of **Trillium Gift of Life Network** as at March 31, 2016 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Ernst & Young LLP

Chartered Professional Accountants
Licensed Public Accountants

Toronto, Canada
June 20, 2016

Trillium Gift of Life Network

STATEMENT OF FINANCIAL POSITION

As at March 31

	2016 $	2015 $
ASSETS		
Current		
Cash and cash equivalents	**8,083,142**	5,462,466
HST recoverable	**660,989**	632,407
Other receivables	**5,459**	3,235,285
Prepaid expenses	**255,693**	161,482
Total current assets	**9,005,283**	9,491,640
Capital assets, net *[note 3]*	**713,196**	795,591
Total assets	**9,718,479**	10,287,231
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	**6,464,580**	6,796,790
Deferred contributions *[note 4]*	**1,552,130**	1,741,806
Total current liabilities	**8,016,710**	8,538,596
Deferred funding for capital assets *[note 5]*	**517,357**	679,957
Total liabilities	**8,534,067**	9,218,553
Commitments *[note 10]*		
Net assets		
Unrestricted	**590,521**	549,977
Board restricted *[note 6]*	**593,891**	518,701
Total net assets	**1,184,412**	1,068,678
	9,718,479	10,287,231

See accompanying notes

On behalf of the Board:

Director

Director

Trillium Gift of Life Network

STATEMENT OF OPERATIONS

Year ended March 31

	2016 $	2015 $
REVENUE		
Ontario Ministry of Health and Long-Term Care *[note 4]*		
Operations	**29,589,575**	27,085,997
Transportation Services to Support Organ & Tissue Donation Managed Fund	**2,899,700**	2,714,535
Deceased Organ Donation Managed Fund	**2,272,900**	2,272,900
Regenmed Managed Fund	**680,000**	787,603
Standard Acquisition Fees	**258,053**	—
PRELOD Managed Fund	**198,476**	216,688
TPER Managed Fund	**177,400**	219,447
Amortization of deferred funding for capital assets *[note 5]*	**437,483**	447,278
Donations *[note 6]*	**75,190**	92,714
Interest income	**40,544**	61,924
	36,629,321	33,899,086
EXPENSES		
Salaries and employee benefits *[note 7]*	**19,309,848**	17,794,068
Transportation Services to Support Organ & Tissue Donation Managed Fund	**3,195,000**	2,714,535
Deceased Organ Donation Managed Fund	**3,083,438**	2,727,525
Medical supplies and testing	**2,614,267**	2,247,432
General and administrative *[note 8]*	**2,369,656**	1,436,523
Communications	**1,902,966**	2,694,351
Information systems	**1,304,137**	1,276,459
Office rent and maintenance	**879,436**	1,043,615
Regenmed Managed Fund	**680,000**	787,603
Amortization of capital assets	**540,909**	586,202
Standard Acquisition Fees	**258,053**	—
PRELOD Managed Fund	**198,477**	216,688
TPER Managed Fund	**177,400**	219,447
Community projects *[note 6]*	—	6,730
	36,513,587	33,751,178
Excess of revenue over expenses for the year	**115,734**	**147,908**

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CHANGES IN NET ASSETS

Year ended March 31

	2016		
	Unrestricted $	Board restricted $	Total $
Net assets, beginning of year	**549,977**	**518,701**	**1,068,678**
Excess of revenue over expenses for the year	**115,734**	—	**115,734**
Interfund transfers, net *[note 6]*	**(75,190)**	**75,190**	—
Net assets, end of year	**590,521**	**593,891**	**1,184,412**

	2015		
	Unrestricted $	Board restricted $	Total $
Net assets, beginning of year	488,053	432,717	920,770
Excess of revenue over expenses for the year	147,908	—	147,908
Interfund transfers, net *[note 6]*	(85,984)	85,984	—
Net assets, end of year	549,977	518,701	1,068,678

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CASH FLOWS

Year ended March 31

	2016 $	2015 $
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	**115,734**	147,908
Add (deduct) items not involving cash		
Amortization of capital assets	**540,909**	586,202
Amortization of deferred funding for capital assets	**(437,483)**	(447,278)
	219,160	286,832
Changes in non-cash working capital balances related to operations		
HST recoverable	**(28,582)**	(2,230)
Other receivables	**3,229,826**	(3,229,200)
Prepaid expenses	**(94,211)**	24,708
Accounts payable and accrued liabilities	**(332,210)**	1,352,939
Deferred contributions	**85,207**	978,329
Cash provided by(used) in operating activities	**3,079,190**	(588,622)
INVESTING ACTIVITIES		
Acquisition of capital assets	**(458,514)**	(231,966)
Cash used in investing activities	**(458,514)**	(231,966)
Net increase(decrease) in cash and cash equivalents during the year	**2,620,676**	(820,588)
Cash and cash equivalents, beginning of year	**5,462,466**	6,283,054
Cash and cash equivalents, end of year	**8,083,142**	**5,462,466**

See accompanying notes

Trillium Gift of Life Network

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

1. PURPOSE OF THE ORGANIZATION

Trillium Gift of Life Network [the "Network"] is a non-share capital corporation created in 2001, under the Trillium Gift of Life Network Act [formerly The Human Tissue Gift Act]. The Network has been established to enable every Ontario resident to make an informed decision to donate organs and tissue, to support healthcare professionals in implementing their wishes, and to maximize organ and tissue donation in Ontario through education, research, service and support.

The Network became operational on April 1, 2002 to assume the functions of the former Organ Donation Ontario, as well as to adopt additional responsibilities associated with the Network's mandate.

As a registered charity under the Income Tax Act (Canada), the Network is exempt from income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements are prepared in accordance with the Public Sector ["PS"] Handbook, which sets out generally accepted accounting principles for government not-for-profit organizations in Canada. The Network has chosen to use the standards for not-for-profit organizations that include Sections PS 4200 to PS 4270. The significant accounting policies followed in the preparation of these financial statements are summarized below:

Revenue recognition

The Network follows the deferral method of accounting for contributions, which include grants and donations. Grants are recorded in the accounts when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Donations are recorded when received since pledges are not legally enforceable claims. Unrestricted contributions are recognized as revenue when initially recorded in the accounts. Externally restricted contributions are deferred when initially recorded in the accounts and recognized as revenue in the year in which the related expenses are recognized.

Cash and cash equivalents

Cash and cash equivalents consist of cash on deposit and short-term investments with terms to maturity of not more than 90 days at the date of purchase.

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

Financial instruments

Financial instruments, including HST recoverable, other receivables and accounts payable, are initially recorded at their fair value and are subsequently measured at cost, net of any provisions for impairment.

Capital assets

Capital assets are recorded at cost. Contributed capital assets are recorded at market value at the date of contribution. Amortization is provided on a straight-line basis at annual rates based on the estimated useful lives of the assets as follows:

Furniture and equipment	3 - 5 years
Leasehold improvements	over term of lease
Computer software	3 - 5 years
Computer hardware	3 years

Deferred funding for capital assets

Capital contribution funding and leasehold inducements received for the purposes of acquiring depreciable capital assets are deferred and amortized on the same basis, and over the same periods, as the amortization of the related capital assets.

Employee benefit plan

Contributions to a multi-employer defined benefit pension plan are expensed on an accrual basis.

Contributed materials and services

Contributed materials and services are not reflected in these financial statements.

Allocation of expenses

Direct expenses, including costs of personnel and other expenses that are directly related to projects, are recorded as project expenses. General support and other costs are not allocated.

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

3. CAPITAL ASSETS

Capital assets consist of the following:

	2016		
	Cost $	Accumulated amortization $	Net book value $
Furniture and equipment	870,548	792,906	77,642
Leasehold improvements	887,560	873,456	14,104
Computer software	1,654,982	1,470,373	184,609
Computer hardware	1,618,006	1,181,165	436,841
	5,031,096	4,317,900	713,196

	2015		
	Cost $	Accumulated amortization $	Net book value $
Furniture and equipment	848,773	701,721	147,052
Leasehold improvements	887,560	767,000	120,560
Computer software	1,613,206	1,321,412	291,794
Computer hardware	1,223,043	986,858	236,185
	4,572,582	3,776,991	795,591

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

4. DEFERRED CONTRIBUTIONS

The continuity of deferred contributions is as follows:

	2016 $	2015 $
Balance, beginning of year	**1,741,806**	990,388
Contributions received	**37,150,401**	31,046,300
Accrued revenue for fiscal 2015 funding received in April included in other receivables	—	3,229,200
Amount recognized as revenue	**(36,076,104)**	(33,297,171)
Amount transferred to deferred capital contributions *[note 5]*	**(274,883)**	(226,911)
Amount repaid to the Ontario Ministry of Health and Long-Term Care related to prior year funding	**(989,090)**	—
Balance, end of year	**1,552,130**	**1,741,806**

5. DEFERRED FUNDING FOR CAPITAL ASSETS

Deferred funding for capital assets represents the unamortized amount of grants and leasehold inducements received for the purchase of capital assets. The annual amortization of deferred funding for capital assets is recorded as revenue in the statement of operations and is equivalent to the amortization of the applicable capital assets. The changes in the deferred funding for capital assets balance are as follows:

	2016 $	2015 $
Balance, beginning of year	**679,957**	900,324
Add contributions transferred from deferred contributions *[note 4]*	**274,883**	226,911
Less amortization of deferred funding for capital assets	**(437,483)**	(447,278)
Balance, end of year	**517,357**	**679,957**

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

6. BOARD RESTRICTED NET ASSETS

Board restricted net assets are used to further public education and research in the field of organ and tissue donation, including community based projects.

During the year, the Board of Directors has approved the transfer of $75,190 [2015 - $85,984] of net donations received during the year from unrestricted net assets to Board restricted net assets.

7. EMPLOYEE BENEFIT PLAN

Substantially all of the employees of the Network are eligible to be members of the Healthcare of Ontario Pension Plan ["HOOPP"], which is a multi-employer, defined benefit, highest consecutive earnings, contributory pension plan. The plan is accounted for as a defined contribution plan since the Network has insufficient information to apply defined benefit plan accounting.

The Network's contributions to HOOPP during the year amounted to $1,189,722 [2015 - $1,050,144] and are included in the statement of operations. The most recent valuation for financial reporting purposes completed by HOOPP as of December 31, 2015 disclosed net assets available for benefits of $63.9 million with pension obligations of $49.1 million, resulting in a surplus of $14.8 million.

8. GENERAL AND ADMINISTRATIVE EXPENSES

General and administrative expenses include the following:

	2016 $	2015 $
Clinical operations	**1,407,719**	743,634
Professional fees	**342,745**	94,876
Other	**619,192**	598,013
	2,369,656	1,436,523

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

9. FINANCIAL INSTRUMENTS

The Network's financial instruments consist of cash and cash equivalents, HST recoverable, other receivables, and accounts payable. Management is of the opinion that the Network is not exposed to significant financial risks arising from these financial instruments.

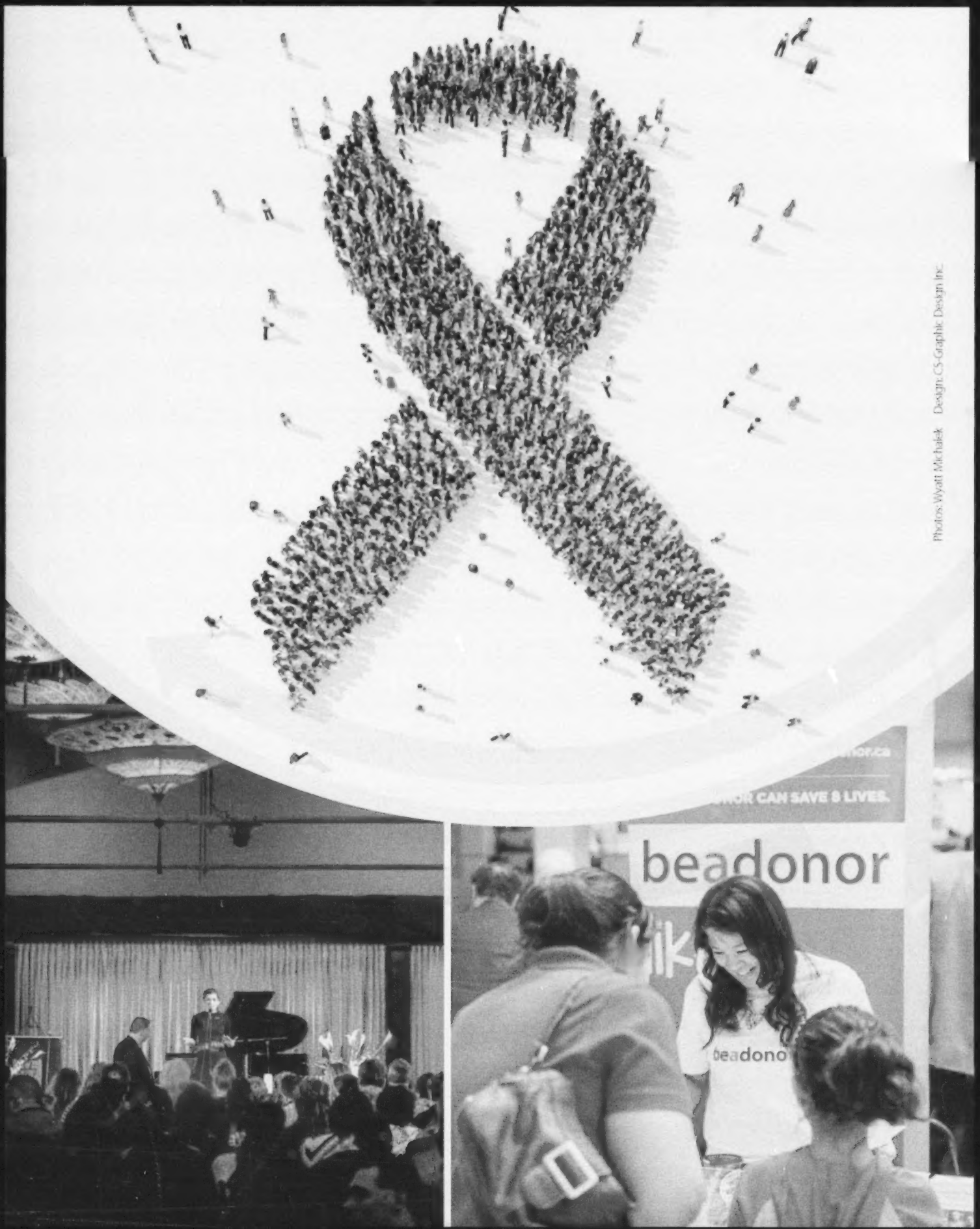
Liquidity risk

The Network is exposed to the risk that it will encounter difficulty in meeting obligations associated with its financial liabilities. The Network derives a significant portion of its operating revenue from the Ontario government with no firm commitment of funding in future years. To manage liquidity risk, the Network keeps sufficient resources readily available to meet its obligations. Accounts payable mature within six months.

10. COMMITMENTS

Future minimum annual payments under operating leases for equipment and premises, excluding operating costs, are as follows:

	$
2017	694,693
2018	34,231
2019	27,414
2020	6,095
2021	—



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